

**Commonwealth of Virginia
Woodrow Wilson Rehabilitation Center**

Volunteer Application Form

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Business Phone _____

Education: High School ☐ College ☐ Major _____ Degree _____

Other Schooling or Special Training _____

Interests and Hobbies _____

Skills (be specific) _____

Have you done volunteer work before? _____ When? _____

What? _____ For Whom? _____

Supervisor _____ Address _____ Tel. # _____

Are you a member of any community organization? Yes ☐ No ☐

Please specify _____

Availability: Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐

Morning _____

Afternoon _____

Evening _____

Weekly ☐ Twice Monthly ☐ Monthly ☐ Other _____

How did you learn of this volunteer program? _____

Who or what prompted you to volunteer? _____

Are you currently?

Employed ☐ Unemployed ☐ Self-Employed ☐ Retired ☐

Your most recent employer _____

Position _____

References: (Give names, addresses and telephone numbers of persons familiar with your employment and/or who can evaluate your skills.)

1. _____

2. _____

3. _____

Should I be selected as a volunteer of the Woodrow Wilson Rehabilitation Center, I agree to keep confidential from outside sources any and all information pertaining to persons who are clients of the Center. I realize that this is privileged information.

Date

Volunteer's Signature